

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040499

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9982

STATE FILE NUMBER

FILED OCT 29 1962

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b  
Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Missouri Baptist Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
5006 Queens Avenue

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
LEO E. MAHONEY

4. DATE OF DEATH  
Month Day Year  
October 15, 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
11-25-1902

9. AGE (last birthday)  
59

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Chief Accountant

10b. KIND OF BUSINESS OR INDUSTRY  
Wabash Railroad

11. BIRTHPLACE (City and state or country)  
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Thomas Mahoney

13b. MOTHER'S MAIDEN NAME

Julia O'Leary

14. NAME OF HUSBAND OR WIFE

Margaret Mahoney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No None

16. SOCIAL SECURITY NO.

17. INFORMANT  
Margaret Mahoney, 5006 Queens Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive gastric hemorrhage  
Gastric ulcer

INTERVAL BETWEEN ONSET AND DEATH  
7 days  
?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

540.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m. Aug 2 1962

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from AUG 2 1962 to OCT 15 1962 and last saw him alive on OCT 15, 1962  
Death occurred at 6:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

V. O. Fish, M.D.

22b. ADDRESS

634 N. Grand St. Louis Mo

22c. DATE SIGNED

10-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
10-19-1962

23c. NAME OF CEMETERY OR CREMATORY  
Calvary Cemetery

23d. LOCATION (City, town, or county) (State)  
St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS  
Calvin F. Feutz Funeral Home  
4828 Natural Bridge Blvd.

25. DATE RECD. BY LOCAL REG.  
OCT 18 1962

26. REGISTRAR'S SIGNATURE  
Carl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

1

2 20

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12 68-0

13

68

Dr. Virgil O. Fish  
Missouri Theater Bldg.  
FR 1-5588

HOURS: 1 to 5:30 PM Tues  
Wed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert E. Muhleman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.